

# State Coordinated Regional Shelter Plan

## **Support Addendum 1 - Concept of Operations in a COVID-19 Environment**

September 2020

## Background

During the COVID-19 pandemic, the Commonwealth of Virginia will support localities through the implementation of the State Coordinated Regional Shelters (SCRS) for events that meet the activation requirements delineated in the *SCRS Plan*.

*FEMA Policy 104-009-18 - FEMA Emergency Non-Congregate Sheltering (NCS) during the COVID-19 Public Health Emergency (Interim)* defines the framework, policy details, and requirements for determining eligible work and costs for non-congregate sheltering in response to Stafford Act declarations through December 31, 2020.

*Virginia Department of Health Interim Guidance for Disaster Shelters during the COVID-19 Pandemic- August 2020 v2* states:

- Alternatives to opening disaster shelters, such as sheltering in place, should be considered during the COVID-19 pandemic.
- Hotels/dormitories and small shelters (fewer than 50 residents) should be prioritized over larger shelters. **Large congregate shelters should be a last resort.**
- If established, officials should demobilize large congregate shelters as soon as possible after the emergency phase and relocate residents to hotels/dormitories or small shelters for better social distancing.

## Sheltering Options and Order of Priority

When life-saving mass care operations are necessary, the first priority is the movement of individuals to safety. State shelter partners will make every effort to implement current public health guidance, but operational decisions will be made based upon immediate threats to life and safety. The *2020 SCRS Plan* update includes a non-congregate sheltering (NCS) solution in addition to the traditional congregate solution for state sheltering. This NCS option should help reduce exposure and transmission of COVID-19 through use of segregated spaces for individuals and family groups. The table below delineates the sheltering models in order of preference for SCRS in the COVID-19 environment.

SCRS Option <i>(in order of preference)</i>	Description	Benefits and Challenges
1. Non-Congregate Sheltering for all Populations	Provide shelter for households in private, separate housing spaces such as hotels/motels.	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Reduced risk of disease exposure and transmission</li> <li>• Reduced staffing need</li> </ul> <p>Challenges</p> <ul style="list-style-type: none"> <li>• Implementation of brand new processes and procedures (challenge for public, media, participating agencies, staff, non-congregate sites)</li> <li>• Timely identification of non-congregate sites and capacity</li> <li>• Expanded need for transportation assets to multiple shelter sites.</li> <li>• Non-congregate capacity</li> </ul>

		<ul style="list-style-type: none"> <li>• Use by those not requiring shelter assistance could strain limited capacity</li> <li>• Provision of wrap-around services at multiple locations</li> <li>• Eligibility assessment, registration, assignment, and tracking of residents</li> <li>• Transition complications</li> </ul>
2. Concurrent Congregate and Non-Congregate Sheltering	Provide non-congregate shelter to high risk, quarantined, and isolating evacuees while providing congregate shelter to all other evacuees.	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Reduced risk of disease transmission among high risk, quarantined, and isolating evacuees</li> <li>• Increased overall shelter capacity</li> </ul> <p>Challenges</p> <ul style="list-style-type: none"> <li>• Costs and logistics associated with opening greater number and two types of shelters simultaneously</li> <li>• Expanded need for transportation assets to multiple shelter sites.</li> <li>• Increased staffing needs</li> <li>• May reduce necessary shelter usage due to fear of disease transmission</li> <li>• Reduced congregate capacity due to social distancing and isolation area requirements</li> <li>• Ability to obtain enough PPE for congregate shelters</li> <li>• Minimizing disease transmission in congregate shelters</li> <li>• Strain on testing and contact tracing resources</li> <li>• Implementation of brand new non-congregate processes and procedures</li> <li>• Timely identification of non-congregate sites and capacity</li> <li>• Non-congregate capacity</li> <li>• Provision of wrap-around services at multiple locations</li> <li>• Eligibility assessment, registration, assignment, and tracking of residents</li> <li>• Transition complications</li> </ul>
3. Congregate to Non-Congregate Sheltering (rapid transition)	Provide congregate shelter to all evacuees initially; screen and transfer to non-congregate shelters as soon as possible.	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Many evacuees and staff are already familiar with congregate sheltering protocols</li> <li>• Pre-identified sites and capacity</li> </ul> <p>Challenges</p>

	<p>This transfer may occur quickly or may take several days depending upon the situation, needs, and feasibility.</p>	<ul style="list-style-type: none"> <li>• May reduce necessary shelter usage due to fear of disease transmission</li> <li>• Reduced congregate capacity due to social distancing and isolation area requirements</li> <li>• Increased number of shelters opened in order to compensate for reduced capacity at shelters (challenge for coordination, logistics, communication)</li> <li>• Transportation of evacuees from congregate to non-congregate shelters</li> <li>• Ability to obtain enough PPE</li> <li>• Staffing</li> <li>• Minimizing disease transmission in congregate shelters</li> </ul> <p>Implementation of brand new processes and procedures (challenge for public, media, participating agencies, staff, non-congregate sites)</p> <ul style="list-style-type: none"> <li>• Strain on testing and contact tracing resources</li> </ul>
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### Decision on Sheltering Option

At the on-set of an emergency event where the activation of SCRS is possible, discussion should occur between the State Shelter Task Force and the Hurricane Evacuation Work Group to determine which of the above options is most appropriate for the event.

### Adjustments for COVID-19 Sheltering Operations

The SCRS Plan and its annexes address the operation of congregate and non-congregate SCRS.

All shelter staff and residents in congregate and non-congregate SCRS with an Apple or Google smartphone will be encouraged to download and enable COVIDWISE. COVIDWISE is the VDH COVID-19 exposure notification app to facilitate contact tracing in response to the coronavirus that causes COVID-19. Contact tracing is a technique used by public health authorities to contact and give guidance to anyone who may have been exposed to a person who has tested positive for COVID-19. This technique will be an essential part of transitioning back to regular daily life while managing the risk of further outbreaks. Traditional methods of contact tracing are critical to containing the spread of infection, but require an infected person to list specific people they may have exposed and places they have been. This becomes especially challenging during a disaster when people may have to evacuate and seek shelter in a public setting. Technology can support and augment these efforts by allowing public health authorities to notify a larger number of people who the infected person may not have known or remembered to list. This starts with members of the population enabling Exposure Notifications on their smartphones, which enables COVIDWISE to send a notification if someone has been near another COVIDWISE user who later tests positive for COVID-19. Additional information is available at <https://www.vdh.virginia.gov/covidwise/>.

During the COVID-19 pandemic, partner agencies will incorporate the following plan modifications to SCRS sheltering operations:

### Non-Congregate SCRS

- NCS Call Center: To maintain the health and safety of evacuees and staff and the full integrity of the use of non-congregate sheltering, VDSS will implement a call center to verify, screen and assign evacuees to the appropriate state shelter location as well as determine transportation needs. Call center staff will communicate and document a definitive check-out date for each resident/resident group.
- Although non-congregate sheltering provides conditions similar to home, wrap around services must be provided to include:
  - Linens and personal hygiene items
  - Janitorial services
  - Meals and hydration
  - Public information\*
  - Health and behavioral health support\*
  - Access and functional needs support
    - Translation services
    - Daily living activities support
  - Transition support\*
- \* These services will be provided virtually through request to the call center by the resident
- To ensure provision of virtual services, shelter residents will be directed to the call center to request additional assistance. The call center will direct these calls to the appropriate state agency and/or service to review and fulfill the need.

### Congregate SCRS

- Staff and evacuees will be screened for COVID-19 signs and symptoms (including body temperature) and any other illness, including mental health concerns, upon initial entry and daily thereafter.
  - Staff, volunteers, and visitors who screen positive for COVID-19 symptoms will be sent home immediately, if feasible, and advised to follow VDH recommended steps for persons who are ill with COVID-19 symptoms. If staff or volunteers are also residents of the shelter, they will be directed to an isolation area.
  - Following medical screening, residents should be grouped as “not sick,” “sick,” and “requires immediate medical attention.”
    - If a resident is classified as “not sick”
      - Direct them to the general population dormitory
    - If a resident is classified as “sick”
      - Advise the resident on cough etiquette and provide tissues if a face covering is not tolerated.
      - Direct the resident to an isolation area in the shelter or at another location.

- Residents directed to the isolation area will be registered by staff within this area to reduce transmission.
  - If a person “requires immediate medical attention”
    - Notify onsite EMS or call emergency services for transport and tell the operator that this is a probable case of COVID-19.
  - The Health Services Unit will provide daily status updates regarding COVID-19 signs and symptoms to the shelter management team.
  - Access to safe shelter from disasters is critical even during community spread of COVID-19. Disaster shelters should not exclude as residents people who are having symptoms or test positive for COVID-19.
- If testing for COVID-19 is available, shelter residents will be tested in accordance with VDH guidelines.
- Necessary personal protective equipment (PPE) and personal hygiene items will be readily available and the Health Services Unit will ensure they are easily accessible to staff and residents.
- Shelter staff and residents are required wear approved face coverings at all times except when not practical, such as when sleeping, eating, or showering.
  - Face coverings should **not** be placed on babies or children younger than 2 years of age or anyone who has trouble breathing or is unconscious, incapacitated or otherwise unable to remove the covering without assistance.
- Health information signage will be posted throughout the shelter to include:
  - Common symptoms of COVID-19
  - Importance of wearing a cloth face covering
  - The need to follow frequent handwashing and proper respiratory etiquette
  - Reporting symptoms to shelter staff if they feel ill
  - Reminding staff to wash their hands with soap and water after touching someone who is sick or handling a sick person’s personal effects, used tissues, or laundry
  - Coping with stress

This signage must be understandable for non-English speaking persons, those with low literacy, those with cognitive or intellectual disabilities and those who are deaf, blind, or with low vision.
- Residents and staff will maintain social distancing while in the shelter to the greatest extent possible.
  - Dorm spaces will be set up such that family groups are spaced 6 feet apart and residents should sleep head-to-toe fashion.
- Meals will be distributed in pre-packaged single-serve format, in disposable containers as well as utensils, and distributed by shelter staff to residents.
  - Food service staff and volunteers will wear gloves and a surgical mask or cloth face covering during meal preparation and service.
- To reduce COVID-19 exposure, shelter residents will not have visitation access to their pets in a congregate pet shelter.
- The shelter will provide separate areas, including restrooms, to isolate residents with symptoms of COVID-19.
  - When possible, sick residents will be placed in individual rooms for isolation. If individual rooms are not possible, a separate isolation area will be designated for sick residents.

- Let the resident know:
  - They should notify shelter staff immediately if their symptoms worsen.
  - They should not leave their room/isolation area except to use the restroom.
  - They should keep a distance of at least 6 feet away from other residents in the isolation area.
  - They must wear an approved face covering at all times, except when eating or showering, unless they have trouble breathing.
- Isolation areas or buildings should be separate from the rest of the shelter.
- Isolation areas should be well-ventilated.
- At least 6 feet of distance should be maintained between residents in isolation areas.
  - Cots should be placed at least 6 feet apart with temporary barriers between them.
- Bathroom facilities should be near the isolation area and separate from bathrooms used by well residents.
- Shelter staff providing medical care to clients with suspected or confirmed COVID-19 where close contact (within 6 feet) cannot be avoided, should at a minimum, wear eye protection (goggles or face shield), an N95 or higher-level respirator (or a facemask if respirators are not available or staff are not fit tested), disposable gown, and disposable gloves. **Cloth face coverings are not PPE and should not be used when a respirator or facemask is indicated.** View [CDC infection control guidelines for healthcare providers](#).
- Shelter staff who enter the isolation area for reasons other than providing medical care (e.g. delivering meals or other items) should wear N95 masks (or a facemask if respirators are not available or staff are not fit tested).
- A trash can should be near the exit inside any resident areas to make it easy for workers to discard items such as gloves, masks and gowns.
- The decision to discontinue isolation should be made in the context of local circumstances. VDH will refer to the [CDC interim guidance Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings](#) to provide the most current recommendations to shelters with residents within the isolation area.
- All shelter residents, even those without symptoms, may have been exposed to COVID-19 and should self-quarantine after leaving the shelter in accordance with VDH recommendations.
- Shelter Intake / Registration Area
  - Handwashing stations or alcohol-based hand sanitizer that contains at least 60% alcohol, tissues, and wastebaskets will be available in this area.
  - Trained medical or healthcare staff will be used to conduct medical screening; appropriate mitigation measures per VDH recommendation should be put in place to provide safety to staff and evacuees during this process.
  - This area will be thoroughly cleaned and disinfected every 4-6 hours. Include pens, clipboards and other commonly used items when cleaning and disinfecting.

### Dual Activation of Congregate and Non-Congregate SCRS

- Protocol and screening questions will be clearly defined to determine appropriate sheltering type for the individual/household based on non-congregate shelter availability.
- Priority for non-congregate will be (in order):

1. COVID-19 positive (or suspected positive) individuals and those within their household that are currently under isolation protocol
2. Individuals and those within their households that are currently under quarantine protocol due to confirmed exposure
3. Individuals and those within their families that are considered high risk per CDC and/or VDH

#### Transition from Congregate to Non-Congregate SCRS

- Transition to non-congregate should occur as quickly as safely possible after event impact.
- The priority for transitioning will be the same as listed for dual activation. Once those in the priority groups are provided with non-congregate shelter, the remaining residents will be processed for non-congregate space.